

United States Senate

OFFICE OF THE MAJORITY LEADER

WASHINGTON, DC 20510-7010

September 26, 2005

The Honorable Michael O. Leavitt
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Leavitt,

Over the past year, I have been closely monitoring the endemic avian influenza in Southeast Asia. As you know, public health experts indicate that a pandemic is not only possible, but long overdue, and could result in a global economic and human catastrophe. I am increasingly concerned that the United States remains unprepared in the event of a global pandemic.

Influenza viruses present a continually evolving threat to civilization. These viruses are able to mutate or exchange genetic material with other viruses, setting the stage for a new, highly pathogenic and transmissible virus. During the twentieth century, all three influenza strains triggering pandemics have been influenza type A viruses. The 1918-1919 "Spanish flu" pandemic, caused by a particularly virulent and infectious strain, swept across the United States and Europe, killing more than 40 million people worldwide. And, a majority of the lives claimed were children and young adults between the ages of 15 and 35 years old. History provides us with a clear and critical lesson: we cannot afford to stand idly by as a global threat mounts. We live in a world interconnected by the world's major airports, whereby a lethal and infectious strain may circle the globe faster than ever before causing significant human suffering and economic turmoil.

In late 2003 and early 2004, eight countries reported H5N1 avian influenza outbreaks, including Cambodia, China, Indonesia, Japan, Lao, South Korea, Thailand, and Vietnam. While the incidence of reported H5N1 cases appeared to slow, new outbreaks of avian influenza began in late 2004 with first time reports in Malaysia and most recently, in North Korea, the Philippines, and Russia. Recent studies show that current H5 strains are becoming increasingly capable of causing disease and spreading among domestic poultry flocks and mammals. There have been 115 confirmed human cases of avian influenza, of which 59 cases have been fatal. And most alarming, the human case fatality rate in Vietnam continues to steadily decline, highlighting the virus' increasing ability to adapt well to humans.

Avian influenza shows no signs of fading. This is a virus for which we have no natural immunity. Infected hosts are contagious before they are symptomatic. And, we lack our best defenses: an effective vaccine and a robust antiviral stockpile, each complicated by a weakened domestic manufacturing capacity. Earlier this year, I proposed a "Manhattan Project for the 21st Century," a bold effort to defend against the global threat of infectious disease and biological weapons, whether natural, accidental, or intentional in origin. Specifically, I called for collaboration among government, industry, and academia, so that we may ensure the detection of

new and emerging threats, the creation of an integrated public health system, the advancement of research and development, and the establishment of a secure stockpile and vast networks of distribution.

In June, Dr. Shigeru Omi, the World Health Organization's Western Pacific Regional Director, urged countries to strengthen their pandemic preparedness plans. I applaud the Department of Health and Human Services' (HHS) creation of a draft Pandemic Influenza Response and Preparedness Plan, as well as its commitment to the development of cell-based influenza vaccines. However, as HHS refines our nation's preparedness and response plan, I urge you to ensure that it is a coordinated, comprehensive, and aggressive plan, which reflects the insight and guidance of key US agencies and public health experts, particularly the Centers for Disease Control and Prevention, the Department of State, the Department of Defense, and the Department of Homeland Security. The plan should serve a dual purpose: 1) to detect, identify, contain, and respond to threats abroad; and 2) to bolster domestic preparedness and response capacity. I also urge you to purchase additional Tamiflu adequate to treat at least 50 percent of the US population.

I recognize the uncertainty in dedicating resources to a viral pathogen, which may never arrive on US soil. It is unclear how fast it may spread, the number of lives it may claim, and at what financial cost. But, if a pandemic occurs on our watch, we will be in a race against time, trying to swiftly acquire the appropriate defenses. The American people will hold us accountable for not only what we achieve, but where we fail to act. I will continue to work with my Senate colleagues to craft legislation that builds upon the goals and activities of Project BioShield. Please know that I stand ready to lead and assist you in your strengthening of the nation's preparedness plans.

Thank you for your time and attention. I look forward to working with you on this important issue, as it is vital to the health, well-being, and security of the American people.

Sincerely,



William H. Frist, M.D.
Majority Leader
United States Senate

Cc: Dr. Condoleeza Rice, Secretary of State; Donald Rumsfeld, Secretary of the Department of Defense; Michael Chertoff, Secretary of the Department of Homeland Security; Dr. Julie Gerberding, Director of the Centers for Disease Control and Prevention; Andrew Card, White House Chief of Staff.